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Substitute for form 1449B/PTO			Complete If Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Application Number	09/963,848	
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			First Named Inventor		
			Art Unit	3738	
			Examiner Name	U. CHATTOPADHYAY	
Sheet	3	of		Attorney Docket Number	020979-002400US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
UC	AA	US-5,256,132	10-26-1993	Snyders	

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Examiner Signature		Date Considered	7/20/2004
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.

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